			. Raic	eleeinni F	EPARTMENT C	E EMM	DONING	·	
COUNTY WELL LO			MATE	oolooippi L			QU	ALITY	
3422V	1 CODED	PERMI	NUMBER	· · · · · · · · · · · · · · · · · · ·	Office of Land	and Wa	ter Res	ources	
1/- 1	2	NAME	OF DRILLING FIRM	1 ,	,	P.	O. Box	10631	
DATE WELL COMPLETED ESSEY WAS				PRESE	Jackson, MS 39289-0631				
	<u>1-03</u> 1		_/		WATER V	VELL DF	RILLERS	SLOG	
NAME & MAILING	ADDRESS OF LAND	DOWNER			PUMP C	ATA		• "]	
Mandy Nes/lex				PUMP TY	PUMP TYPE (Circle One):				
110 PINE HILL LOWE				(Submersi	Ble₃ Turbine,	Jet	Flowing	g Well,	
TERRY MS.				Other (De	YPE (Circle One):		<del></del> .	<del></del>	
Latitude:				Electric	Electrico, Tractor, Diesel, Gasoline, Butane,				
Longitude:	*			Other (De	scribe)	Н/Р			
WELL LOCATION.	SEC T	OWNSH	P RANGE E	DESCRIPTIO	N OF FORMATIONS ENC	OUNTERED	FROM	τo	
	<u>8</u> .	<u> 3N</u>	_S_ <i>IW_</i> W		Clay,		0	105	
DISTANCE	DIRECTIO	·N	NEAREST TOWN		SANA		105	1/2	
N	tiles	0		<del>  (</del>	213Y		265	265	
OTHER LANDMARI	(			<del></del>	COLLET		200	350	
				<del> </del>	MAN		250	4/2	
WELL PURPOSE	orne Irrigation, Mur	nicipal, Ir	dustrial, Fish Pond, etc.		Clay		2/10	490	
					DONA		410		
	WELL DA				Clay	<del></del>	440	220	
Well Depth	Casing Diameter (I	in.)	Casing Le (Ft.)	-	<u> </u>	<del></del>	<del> </del>		
<u> </u>	4"						<del> </del> -		
Type of Casing	Hole Depth	Depth t	o Static Water (1997)	<u> </u>					
Prc.	520				·····				
TYPE OF COMP Gravel Packed,	LETION: (Circi Underrea		or More): Telescoped.						
Natural Develop		omeo, Open H		1	HECE	IVE			
(Describe)						. a macrit di			
WELL GROUT	D TO A DEP	TH OF	FEET		FEB 1	1 2004			
Type Grout (circ	:le one): Cem	ent, Bo							
<del></del>	SCREEN E	ATA	<del></del>		BY: O	_WF	3		
Diameter - Inches	Length - Feet		Stot Size - Inches		و پرسې او ال سنده				
WII	20	. !	.010	ļ					
Screen Type	1 200	Dep	in to Boltom - Feel	Top of Las	Pipe or Reduction i	n Casino	<del></del>		
Ne 480					IF TELE	SCOPED OR	MORE THA	<del>,  </del>	
***	<del></del>			<u> </u>		REEN: USE E			
Y and Code	41								
					ed in accordance				
			ons and state law		ental Quality and	or the M	/11881SS1]	ppı	
Debarment (	v tresim tes	uiauc	me and state iaw	· 3.				ļ	
,	^								
on a	4. E. J	1.	510		12-	-4-	03		
Signature of	Licensed Dr	iller a	nd License No.			Date	<del></del>	-	
	T								
	1	ľ							
			Additional Inf	ormation Re	equired On Back		•		
					-			ŧ	

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